

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24598**

FILED JUL 23 1956

BIRTH NO. _____		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>5935</b>		Registrar's No. <b>280</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia Rural</b>		c. LENGTH OF STAY (in this place) <b>55 yrs</b>		c. CITY OR TOWN <b>Sedalia</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. #1 2 mi. south</b>				e. STREET ADDRESS (If rural, give location) <b>R.F.D. #1 2 mi. south</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>BERNADINE</b> b. (Middle) _____ c. (Last) <b>POUND</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>July 14 1956</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 13 1870</b>	
9. AGE (in years last birthday) <b>86</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph Rake</b>		13b. MOTHER'S MAIDEN NAME <b>Bernadine Wankar</b>		14. NAME OF HUSBAND OR WIFE <b>Fred POUND</b>			
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Mary Vogelsang</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion. Only a few minutes.</b>  ANTECEDENT CAUSES DUE TO (b) <b>Cardio- Vascular Disease Over 5 yrs.</b> DUE TO (c) <b>ARTERIO- Sclerosis. Over 5 years.</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility.</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Medical only.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None.</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>over 10 yrs</b> to <b>July 14th, 1956</b> , that I last saw the deceased alive on <b>6 weeks ago, 1950</b> , and that death occurred at <b>2:15 A.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>Jno. B. Carlisle, M.D.</b>				23b. ADDRESS <b>Sedalia, Missouri.</b>		23c. DATE SIGNED <b>July 14th,</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-17-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia Mo</b>	
DATE REC'D BY LOCAL REG <b>7-16-56</b>		REGISTRAR'S SIGNATURE <b>Quina Coon</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin Bros</b>		ADDRESS <b>Sedalia</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 19 1956

SEP 25 1956

NOV 20 1956

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *KPM L. Sarr*.....

Licensed Embalmer No. *3153*

P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.